

Tissue Bank License ID Number CNC 80 _____

CONTACT PERSON DATA SHEET FOR TISSUE BANK

(Must be completed each year.)

Date: _____

Name of tissue bank_____
Name of current director_____
Tissue bank contact person name_____
Contact person telephone number/voicemail_____
Contact person fax number_____
E-mail address_____
Contact person mailing address:_____

Please advise any special instructions regarding best hours to call, voicemail, etc._____

Please list, if available, any backup person we may call in your absence. Please include name and telephone number._____

Contact person signature_____
_____**Please return this data sheet with your renewal or new tissue bank application.**